



Form 18 F OCP
Portfolio Submission Form

HEALTH PROFESSIONS OF SOUTH AFRICA
PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTICS AND
PROSTHETICS AND ARTS THERAPY
PORTFOLIO SUBMISSION FORM

APPLICANT

Registration Number			
Title (Mr, Mrs, etc.), Initials and Surname			
Date of Erasure (For office use only)			
Postal Address			
Telephone		Cell Number	
E-mail Address			

SUMMARY OF ACTIVITIES SINCE RESTORATION OF NAME TO THE REGISTER OF SUPERVISED PRACTICE

Name of Institution	Nature of appointment held	From		To	
		Month	Year	Month	Year

SUPERVISING PRACTITIONER	
Title, Initials and Surname	
Registration number	
Registered with the HPCSA since	
Current employment	
Telephone	
Fax Number	
Cell Number	
E-Mail Address	

SUMMARY OF ACTIVITIES

CONDITION / DIAGNOSIS / PROBLEMS ADDRESSED	ASSESSMENT	INTERVENTION MODALITIES	SIGNATURE: SUPERVISOR

RELEVANT PROFESSIONAL DEVELOPMENT ACTIVITIES (CPD) ATTENDED SINCE RESTORATION OF NAME TO THE REGISTER OF SUPERVISED PRACTICE

ACTIVITY

I hereby declare that the information contained in this document is to the best of my knowledge correct and that the applicant meets the minimum requirements of the Board relating to clinical competence.

SIGNATURE: SUPERVISING PRACTITIONER	DATE
SIGNATURE: APPLICANT	DATE

2017/07/25